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TRANSMITTAL
FORM

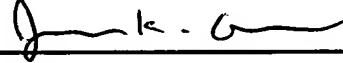
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4 Attorney Docket Number 10030.000210

ENCLOSURES (check all that apply)

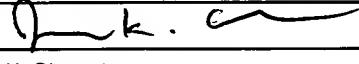
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Petition To Make Special Because of Applicant's Age;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Statement of Applicant's Age;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	OKAMOTO & BENEDICTO LLP		
Signature			
Printed Name	James K. Okamoto		
Date	March 8, 2007	Reg. No.	40,110

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	James K. Okamoto
Date	March 8, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dileep Sivasankaran, et al. Examiner: not yet known

Serial No.: 10/678,977 Art Unit: 2661

Filed: October 3, 2003 Atty. Docket No. 10030.000210

For: LAN Switch with Rapid Fault Recovery

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. § 1.102(c) AND M.P.E.P. § 708.02 IV)

Applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

applicant's birth certificate
 a declaration by the applicant that he/she is over 65 years of age.

No fee is required with this petition, in accordance with 37 C.F.R. § 1.102(c).

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If the Examiner has any questions or needs additional information, the Examiner is invited to contact the undersigned attorney at (408) 436-2110.

Respectfully submitted,
Dileep Sivasankaran, et al.

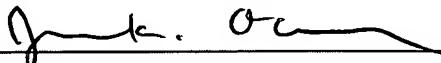
Dated: March 8, 2007

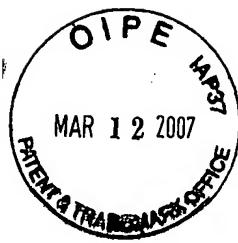
By:



James K. Okamoto, Reg No. 40,110
Attorney For Applicant(s)
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P.O. Box 641330
San Jose, California 95164
(408) 436-2110
(408) 436-2114 (FAX)

Enclosure(s)

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Signature:			
Typed or Printed Name:	James K. Okamoto	Dated:	3/8/2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dileep Sivasankaran, et.al. Examiner: not yet known

Serial No.: 10/678,977 Art Unit: 2661

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For: LAN Switch with Rapid Fault Recovery

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Alexandria, VA 22313-1450

STATEMENT OF APPLICANT'S AGE

Sir or Madam:

My name is Frank S. Madren.

I am a co-inventor of U.S. Patent Application No. 10/678,977, filed October 3, 2003.

I am over 65 years old. More specifically, I am now 68 years old.

Dated:

March 7, 2007

By:

Frank S. Madren

Frank S. Madren